



# Chronic Pain Service Referral

Patient Information:

**Inclusion Criteria:**

- Pain >3 months
- Suspicion of Complex Regional Pain Syndrome (for pain both <3 months and >3 months)
- All reasonable investigations to identify pain etiology have been completed

**Exclusion criteria:**

- Major psychiatric disorder which has not been appropriately assessed or treated (Eating Disorder, Active SI)
- Receipt of referral past age 17 years, 6 months

Reason for Referral: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Pain Location: \_\_\_\_\_

Pain Duration: \_\_\_\_\_

Past Medical History: \_\_\_\_\_

Current Functional Impact: \_\_\_\_\_

\_\_\_\_\_

Currently attending school? ☐ Yes ☐ No: \_\_\_\_\_

Number of school days missed in the past 3 months due to pain: \_\_\_\_\_

Pain Impacts:

☐ Sleep: \_\_\_\_\_

☐ Mood: \_\_\_\_\_

☐ Anxiety: \_\_\_\_\_

☐ Mobility: \_\_\_\_\_

☐ Family Function: \_\_\_\_\_

☐ ADLs: \_\_\_\_\_

☐ Social Interaction: \_\_\_\_\_

Mental Health History:

☐ Depression: \_\_\_\_\_

☐ Anxiety: \_\_\_\_\_

☐ Trauma: \_\_\_\_\_

☐ Suicidal Ideation: ☐ Active ☐ Passive: \_\_\_\_\_

☐ Disordered Eating: \_\_\_\_\_

☐ Please attach Growth Chart if Hx Disordered Eating

Mental Health Treatment History: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

☐ Followed by MH provider: \_\_\_\_\_

## Suspected Diagnosis:

### ☐ CRPS

#### Budapest Criteria:

- ☐ Allodynia
- ☐ Hyperalgesia
- ☐ Colour change
- ☐ Temperature change
- ☐ Swelling
- ☐ Muscle spasm
- ☐ Sweating changes
- ☐ Decreased ROM
- ☐ Trophic changes (skin, hair, nails)

### ☐ Diffuse/Myofascial Pain/Fibromyalgia:

Workup (please complete and attach all items, otherwise referral will be denied):

- ☐ CBC
- ☐ ESR
- ☐ CRP
- ☐ ANA
- ☐ TTG
- ☐ Lyme
- ☐ Fe
- ☐ CK
- ☐ TSH
- ☐ TTG
- ☐ RF
- ☐ HLAB27

### ☐ Neuropathic Pain:

- ☐ Consider Neurology Assessment/EMG

### ☐ Abdominal Pain:

Workup (please complete and attach all items, otherwise referral will be denied):

- ☐ CRP
- ☐ Fecal calprotectin
- ☐ TTG
- ☐ h pylori
- ☐ Amylase
- ☐ Lipase
- ☐ Abdominal u/s
- ☐ Rule out eating disorder
- ☐ Attach Growth Charts
- ☐ Fructose/Lactose/SIBO Breath testing if indicated
- ☐ Consider Gastroenterology assessment

### ☐ Headache

- ☐ Neurology assessment
- ☐ MRI Head

### ☐ Pelvic Pain

- ☐ Gynecology Assessment

### ☐ Post-operative pain OR upcoming surgical intervention for pain

### ☐ Sickle Cell Disease

### ☐ Other: \_\_\_\_\_

- ☐ Appropriate workup complete

### Current Pain Treatments:

- ☐ Physiotherapy: \_\_\_\_\_
- ☐ Psychotherapy: \_\_\_\_\_
- ☐ Pharmacotherapy: \_\_\_\_\_

Referring Provider: \_\_\_\_\_ Signature: \_\_\_\_\_

Contact #: \_\_\_\_\_ Fax: \_\_\_\_\_ Date: \_\_\_\_\_

CPS wait times can be upwards of 9-12 months, please refer to appropriate community providers as indicated in the interim i.e. Community PT, 1Call1Click/Community psychotherapy